

My Goal Is:

- \$ 200
 \$ 300
 \$ 500
 \$ 1,000

SPONSOR PLEDGE FORM

Walker's Name: _____

Address: _____ Zip: _____

Phone Number: _____

E-mail: _____

Church or Group: _____

I am an/a: Adult Teen Child

FOR OFFICE USE ONLY

Please PRINT All Information and Indicate the Total Pledge Desired

FIRST	LAST
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ADDRESS	APT#
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CITY	ST	ZIP CODE
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\$20 \$30 \$50 \$100 Other\$_____ BILL ME OR PAID CASH CHECK

FIRST	LAST
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ADDRESS	APT#
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CITY	ST	ZIP CODE
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Please remember the ZIP CODES!**Total pledges on this sheet. \$ _____**